## ORTHOPEDIC HISTORY TAKING

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#### TOPICS TO BE COVERED

- Importance of History taking
- Structure
- Musculoskeletal Complaints
- Special Orthopedic Concerns
  - Red flags
  - Risk factors
  - Treatment history

### HISTORY TAKING SKILLS

- History taking is the most important step in making a diagnosis
- A clinician is,
  - \* 60% closer to a diagnosis with a thorough History
  - \* 40% by Examination & Investigations
- MSK History taking is,
  - $^st$  Traumatic
  - \* Non-traumatic

## H/O STRUCTURE

- Demographic Info
- Chief complaint & its details
- Functional level
- Treatment (any type)
- Systemic enquiry
- PMH
- PSH

- Drug
- Smoking
- Occupation
- Allergy
- Family
- Social

## MSK MAIN COMPLAINTS

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- I. Pain
- 2. Stiffness
- 3. Swelling
- 4. Instability
- 5. Deformity
- 6. Limp
- 7. Loss of function
- 8. Altered Sensation
- 9. Weakness

## I) PAIN

- Location → "Point with a finger to where it is"
- Duration acute or chronic
- Onset:
  - Injury
    - Mechanism of injury
    - How was it treated?
  - Insidious
- Туре
- Radiation



## I) PAIN

- Progression
  - Is it better, worse, or the same
- When
  - Walking
  - Rest
  - Night
  - Constant
- Aggravating & Relieving Factors
  - Stairs
  - Start up
  - Pain with twisting & turning
  - Kneeling
  - Squatting



## 2) SWELLING

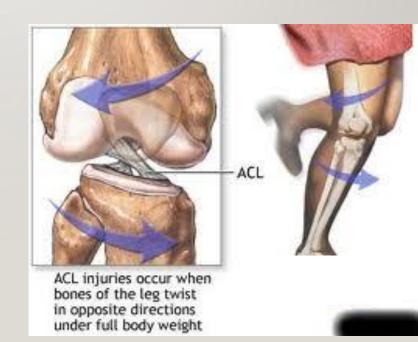
- Onset & duration
- Painful or not
- Local vs. generalized
- Constant vs. comes & goes
- Size progression
- Growing: rapidly or slowly
- Aggravating & relieving factors
- Associated with injury or reactive
- From: soft tissue, joint, or bone





## 3) INSTABILITY

- Onset
- How did it start?
- Any Hx of trauma?
- Frequency
- Aggravating / relieving factors
- Giving way / Locking
- "I can not trust my leg!"
- Associated symptoms
  - Swelling
  - Pain



## 3) INSTABILITY: MECHANICAL SYMPTOMS

#### Locking / clicking

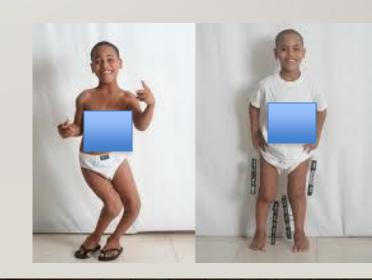
- Due:
  - Loose body,
  - Meniscal tear

#### Giving way

- Due:
  - Ligamentous (ACL, PCL, MCL, LCL)
  - Patella

## 4) DEFORMITY

- When did you notice it?
- Progressive or not?
- Associated with symptoms (pain, stiffness, ...)
- Impaired function or not?
- Past Hx of trauma or surgery
- Known disease (neuromuscular, polio)



## 5) LIMPING

- Painful vs. painless
- Traumatic or non-traumatic?
- Onset (acute or chronic)
- Progressive or not?
- Use walking aid?
- Functional disability?
- Associated → swelling, deformity, or fever.

## 6) LOSS OF FUNCTION

#### How has this affected the patient's life:

- Home (daily living activities DLA)
  - Prayer
  - Squat or kneel for gardening
  - Using toilet
  - Getting out of chairs / bed
  - Socks
  - Stairs
  - Walking distance
  - Go in & out of car
- Work
- Sport
  - Type & intensity
  - Run, jump

# SPECIAL ORTHOPEDIC HISTORY

#### **RED FLAGS IN HISTORY**

- Pain → constant, at rest, night
- Constitutional symptoms  $\rightarrow$  fever, sweat, weight loss, anorexia
- Sudden → significant weight loss, difficulties with urination or defecation
- Loss or acute alteration → motor/sensory function

#### **RISK FACTORS**

- Age (the extremes)
- Gender
- Obesity
- Lack of physical activity
- Inadequate dietary calcium and vitamin D
- Smoking (any kind)

- Occupation and Sport
- Family History (as: SCA)
- Infections
- Medication (as: steroid)
- Alcohol
- P.H Musculoskeletal injury/condition
- P.H Cancer

#### HISTORY OF TREATMENT

(CURRENT AND PREVIOUS)

- Non-operative:
  - Medications:
    - Analgesia
    - Antibiotics
    - Patient's own medications
  - Physiotherapy
  - Orthotics:
    - Walking aid
    - Splints
- Operative:
  - What, where, and when?
  - Peri-operative complications
- Traditional medicines & treatments

# ANY QUESTION?

#### BY NOW

You are <u>able</u> & know <u>how</u> to take a MSK <u>relevant</u> history of the major musculoskeletal conditions

# REMEMBER

#### TOPICS COVERED

- Importance → 60% reach diagnosis
- Structure → 13 item + Ped H/O
- Musculoskeletal C/O → 9 in general
- Special Orthopedic history → <u>NEVER</u> miss them
  - Red flags
  - Risk factors
  - Treatment history